

The Mississippi Opioid and Heroin Data Collaborative

The Mississippi Opioid and Heroin Data Collaborative has been tracking and reporting state-level opioid data since 2017. Collaborators on the report include the Mississippi State Department of Health, the Mississippi Board of Pharmacy's Prescription Monitoring Program, the Mississippi Department of Mental Health, the Mississippi Bureau of Narcotics, Mississippi Emergency Medical Services, and The University of Southern Mississippi.

MISSISSIPPI'S OPIOID DATA TRENDS: Q2 2017 TO Q2 2019

Improvements:

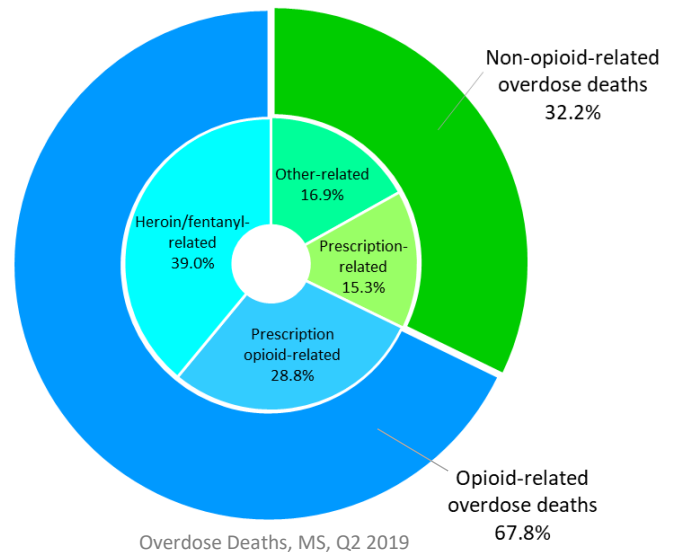
- * Opioid prescriptions dispensed decreased by 24%
- * Opioid dosage units dispensed decreased by 31%
- * Fentanyl-related deaths decreased by 23%
- * Drug-related arrests decreased by 35%

Setbacks:

- * Opioid-related overdose deaths increased by 29%
- * Prescription opioid-related overdose deaths increased by 42%
- * Patients admitted to treatment facilities for opioid use disorders decreased by 13%

Heroin—An Emerging Problem:

- * Patients admitted to treatment facilities for heroin increased by 20%
- * Heroin-related deaths increased by 112%
- * The proportion of opioid-related overdose deaths that were heroin-related increased from 26% in Q2 2017 to 43% in Q2 2019.



AT A GLANCE

	Quarter 2 2017	Quarter 2 2019
Avg. number of opioid dosage units dispensed per prescription	55	51
Percentage of Mississippians who could have had 1 opioid prescription based on the number dispensed that quarter	28%	21%
Number of opioid dosage units each Mississippiian could have had based on the number dispensed that quarter	15	11
Percentage of opioid overdose deaths that were heroin-related	26%	43%
Percentage of opioid overdose deaths that were opioid prescription-related	39%	43%
Number of unique patients admitted for treatment for opioid use disorders at DMH-certified facilities	635	554
Percentage of unique patients admitted for heroin-related substance use disorders at DMH-certified facilities	26%	35%
Number of drug-related arrests	5,184	3,376

Note: The data presented in this report are provisional and based on available information.

WHAT WOULD HELP THE STATE ADDRESS THE OPIOID CRISIS?

* **Education/Training:**

- Educate the public through community workshops
- Educate payers to approve coverage of evidence-based treatments, such as rehabilitation and treatment for at least 12 months and lifetime follow-up
- Expand training for medical doctors
- Stress benefits of opioid data dashboard use among providers
- Continue presenting data to wide range of audiences

* **Expanded Services:**

- Provide extended care (past 60 days) for mothers paid for by Medicaid and other insurers
- Address the persistent and growing threat of opioid use disorder (OUD) among the elderly population
- Consider implementing syringe service programs (SSPs), given evidence that they offset opioid overdoses, Hepatitis C transmission, and HIV transmission
- Implement prevention efforts aligned with surveillance data threats
- Expand service access to include Tele-MAT

* **Improvement of Data Quality:**

- Improve drug arrest reporting from law enforcement agencies
- Provide expanded access to the coroner's overdose database and the crime lab database for overdoses
- Increase coroners' use of the state crime lab as opposed to use of independent labs
- Improve the collection and analysis of data to pinpoint areas and populations at elevated risk for OUD and overdoses

* **Expanded Data Monitoring:**

- Conduct treatment, intervention, and longitudinal tracking of neonatal abstinence syndrome (NAS)
- Expand surveillance to include more detailed county-, city-, and provider-level data
- Formulate a dispenser utilization rate that determines the dispensers' consultation of the Prescription Drug Monitoring Program (PDMP) database prior to filling prescriptions
- Create a master patient index algorithm that allows for cross-referencing of data from disparate data sources

LESSONS LEARNED

- * **Not all who need treatment can receive it.** Many individuals with substance use disorders are unable to access treatment due to barriers such as lack of transportation, social stigma, and co-occurring mental health disorders. In addition, Mississippi currently does not have the capacity to provide treatment for all the patients in need.
- * **Addressing one issue can lead to other challenges.** As prescription opioids are becoming harder to obtain, the proportion of heroin-related admissions to DMH-certified treatment facilities and heroin-related deaths are increasing.
- * **Not all data sources are equal.** Some databases are so decentralized that different organizations responsible for compiling or reporting data lack a common platform. Others can be hampered by slow data reporting or incomplete records. A matrix is being created to rate the quality of databases with remedial actions to follow.
- * **The lack of a state health information exchange (HIE) is hindering the efforts of state agencies.** The inability to share recent and complete health data among agencies has resulted in delayed or inefficient care for patients. The creation of a state HIE would enable providers to detect possible drug-seeking behavior among individuals and allow for timely interventions.

For more information or to view The Mississippi Opioid and Heroin Data Collaborative's interagency reports, please visit The Mississippi State Department of Health's website: https://msdh.ms.gov/msdhsite/_static/44,0,382,740.html



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